

## Client Services Program Manager – North Lake Tahoe

### Supplemental Questionnaire

Applicant's Name: \_\_\_\_\_  
last
first
middle initial

Answer the questions completely and accurately. If attaching additional information, please limit your responses and include your name on each page submitted. Based on your responses, your job-related training and experience will be evaluated using a pre-determined formula.

A "NO" response will not disqualify you from consideration.

#### **PART I:** Please check YES or NO to specify your experience.

1. Do you have experience related to the following areas?

**Adult Mental Health Services**

Intervention, Case Management, Support, Medical and Employment Services.

YES

NO

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**Fiscal Management**

Budget, Accounting Expenditure Monitoring, Resource Allocation, Position Management, Audit Functions, Compliance.

YES

NO

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**Substance Abuse Treatment**

Self-Help, Out-Client, and Residential Treatment Programs.

YES

NO

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**Human Services**

CalWORKS, Medi-Cal, Food Stamps, Welfare to Work, and Housing.

YES

NO

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**Services for Children and Families**

Child, Adult, and Community Emergency Response (Crisis Intervention, Abuse, Neglect, or Molestation); Psychiatric Emergencies; Youth Services (Foster, Adoption, and Probation).

YES

NO

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2. Do you have supervisory experience in a Health or Human Services agency or setting?

YES

NO

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3. Do you have experience working, teambuilding, and collaborating with multiple government jurisdictions, private and non-profit stakeholders, and multiple Health or Human Services departments/divisions with diverse goals and objectives in a small community setting similar to the North Lake Tahoe area?

YES

NO

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4. Do you have experience organizing, managing, coordinating and supervising all budgetary, fiscal, and accounting operations for a large, complex, multiple division private sector, State/Federal government, or non-profit agency providing health and/or social services?

YES

NO

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## Client Services Program Manager – North Lake Tahoe

### Supplemental Questionnaire (Page 2)

- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| 5. Do you have experience analyzing program needs, recommending priorities for resource allocations, and evaluating outcomes for multiple-division/department programs focused toward achieving a common goal of improved community service, public safety, and/or emergency response?                           | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 6. Do you have experience establishing and implementing program objectives and performance standards, evaluating program operations, implementing modifications, and adjusting over-all goals and objectives in response to program directives and/or client needs across multiple division/department programs? | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |
| 7. Do you have experience with developing and maintaining programs in which a participative relationship with clients and the community is encouraged and supported?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |

#### **PART II:** Describe your related experience for each YES answer in Part II.

Please include: job title, employer, dates of employment, agency type, location, duties you performed, number of subordinates, program area, population(s) served, budget, FTE, funding source(s), internal and external stakeholders and/or partners. As appropriate, please provide information about goals, objectives, measurement tools, and evaluation methods.  
Please include your name, social security number, and signature on additional page(s).

I certify that all the statements made in this application supplement are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in my application being ineligible for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_